

## **INTAKE DISPOSITION LETTER**

Date: \_\_\_\_\_

Access Coordinator  
Institute for Health and Recovery  
349 Broadway  
Cambridge, MA 02139

Dear \_\_\_\_\_,

This letter is in regards to \_\_\_\_\_  
(Prospective resident name & date of birth)

who came for an interview on \_\_\_\_\_.

This person was denied admission to \_\_\_\_\_ because  
(Name of program)

\_\_\_\_\_.

Our recommendation is \_\_\_\_\_

\_\_\_\_\_.

Thank you for your time.

Sincerely,

\_\_\_\_\_  
Assistant Program Director or Program Director

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*Developed By: FAMILY SHELTER MODEL RECORD TEAM*

*Sponsored by the Department of Public Health, Bureau of Substance Abuse Services  
Facilitated by The Quality Improvement Collaborative*